

CLAIMS ONLY								Application Number	Filing Date		
								<i>10899445</i>			
								Applicant(s)			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend					
1							51	Indep	Depend	Indep	Depend
2							52				
3							53				
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46							96				
47							97				
48							98				
49							99				
50							100				
Total	Indep						Total	Indep			
Total	Depend						Total	Depend			
Total	Claims						Total	Claims			